

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>NAME OF FILER</b><br>FRIENDS OF SOLACHE FOR SENATE 2020 |   |   | <b>Date of This Filing</b> <u>03/11/2019</u> | Date Stamp<br><br><br><br><br><br>Page 1 of 2 | <div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">             CALIFORNIA FORM 497           </div> For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(213)489-4792             | <b>I.D. NUMBER</b> (if applicable)<br>1398575 | <b>Report No.</b> <u>1</u>  |  |   |  |
| <b>STREET ADDRESS</b><br><br>                              |   | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br><small>(explain below)</small> |  |   |  |
| <b>CITY</b><br>Long Beach                                  | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>90802  | <b>No. of Pages</b> <u>2</u>                 |   |  |

## Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *   | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|--|---|-----------------|
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 |

### \*Contributor Codes

|   |                                   |
|---|-----------------------------------|
| IND - Individual                                  | PTY - Political Party             |
| COM - Recipient Committee (other than PTY or SCC) | SCC - Small Contributor Committee |
| OTH - Other                                       |                                   |

Reason for Amendment:

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|--|---|--------------------------|---|---|---|
| <b>NAME OF FILER</b><br>FRIENDS OF SOLACHE FOR SENATE 2020 |   |                          | <b>Date of This Filing</b> 03/11/2019<br><br><b>Report No.</b> 1<br><br><input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below)<br><br><b>No. of Pages</b> 2 | <b>Date Stamp</b><br><br><br><br><br><b>Page 2 of 2</b> | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(213)489-4792             | <b>I.D. NUMBER</b> (if applicable)<br>1398575 |                          |   |   |   |
| <b>STREET ADDRESS</b>                                      |   |                          |   |   |   |
| <b>CITY</b><br>Long Beach                                  | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>90802 |   |   |   |

## Late Contribution(s) Made

| DATE MADE  | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE<br>OR<br>MEASURE AND JURISDICTION                          | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|------------|--|---|------------------------|-------------------------------------|
| 03/08/2019 | Friends of Solache for Senate 2019 Special<br>Long Beach, CA 90802<br><br>ID# 1415363          | Jose Solache<br>State Senate District 33<br>Jurisdiction: State Senate District | \$7,800.00             | 03/26/2019                          |
|            |  |   |                        |                                     |
|            |  |   |                        |                                     |
|            |  |   |                        |                                     |
|            |  |   |                        |                                     |

Reason for Amendment: